Name in Full: Saml Broadway

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Burrsville — County: Queen Anne

Date of death: 1904 — Month: 6 — Day: 23 — Age: Years 85 — Months — Days

Sex: Male — Color or Race: Black — Birthplace: Queen Anne

Occupation: Laborer — Where Residing if not at place of death: Same

Married, Single or Widowed: Married — Name of Wife: Fannie Broadway

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving Imformation: Has Broadway — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Chronic Tuberculosis — How long: 10 yrs

Immediate: Exhaustion — How long: 1 week

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J M Cork Jr MD

Address: Centreville Queen Anne's Co

Accident or Suicide? no

LIBRARY BUREAU A69518

Name in Full: Elberta Brown

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Barclay; County: Queen Anne's

Date of death 1904: Month: 6; Day: 16

Age: Years: 58; Months; Days

Sex: Female; Color or Race: Black; Birthplace: Ingleside

Married, ~~Single~~ or ~~Widowed~~; Occupation: House wife

Name of Wife or Husband

Father's Name: John Harrison; Father's Birthplace

Mother's Maiden Name: Clarcy Harrison; Mother's Birthplace

Name of person giving information: Ferdinan Harrison; How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Genral debility; How long: 10

Immediate: Influenza; How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address: Howard Wilson undertaker

Accident or Suicide?

LIBRARY BUREAU A8816

Name in Full: Asley C. Cook

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rel — County: Frederick

Date of death: Month: 6 — Day: 13 — Years: 1 — Months — Days

Age

Sex: Male — Color or Race: White — Birthplace: Frederick Co

Occupation: None — Where Residing if not at place of death: same place

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Geo Cook — Father's Birthplace: U.S.A. Co

Mother's Maiden Name: Kate Dewey — Mother's Birthplace: U.S.A. Co

Name of person giving Information: Geo Cook — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Diphtheria — How long: 1 wks

Immediate: Heart paralysis — How long: 1/2 hour

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jas. W. Crum M.D.

Address: Buckeystown Frederick Co Md

Accident or Suicide? No

LIBRARY BUREAU A88816

C Hill

Name in Full: Sarah A. Denny

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Wye Mills — County: Queen Anne's

Date of death: Month: June — Day: 25 — 1904

Age: Years: 57 — Months: 6 — Days:

Sex: Female — Color or Race: White — Birthplace: Talbot Co.

Occupation: Wife — Where Residing if not at place of death: Wye Mills

Married, Single or Widowed: Married — Name of Wife or Husband: W. Henry Denny

Father's Name: John K. Skinner — Father's Birthplace: Q. A. Co.

Mother's Maiden Name: Rachel Bartlett — Mother's Birthplace: Caroline Co.

Name of person giving information: Henry Denny — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Nephritis — How long: two years

Immediate: Coma & Heart failure — How long: ten days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: F. H. Hack M.D.

Address: Wye Mills, Talbot Co. Md.

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: John, R. Gibbs,

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Carmichael — County: Carr

Date of death: Month: 6 — Day: 30 — 1904

Age: Years: 25 — Months: — Days:

Sex: Male — Color or Race: Colored — Birthplace: Carr

Occupation: Farm Hand — Where Residing if not at place of death: Carrollton

Married, Single or Widowed — Name of Wife or Husband: Emma Allen

Father's Name: Rich Gibbs — Father's Birthplace: Carr

Mother's Maiden Name: Barthum Ayers — Mother's Birthplace: Carr

Name of person giving Information: Rich Gibbs — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: La Grippe — How long: Several weeks

Immediate: Phthisis Pulmonalis — How long: One year

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Howard R. Hopkins.

Address: Taneytown Md.

Accident or Suicide?

LIBRARY BUREAU A88514

Name in Full: John Henry Griffin

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Queenstown; County: Q. A.

Date of death: Month: June; Day: 10; 1904

Age: Years: 30; Months; Days

Sex: Male

Color or Race: Negro

Birthplace: Kent Co

Occupation: Deck Hand

Where Residing if not at place of death: Chestertown

Married, Single or Widowed

Name of Wife or Husband

Father's Name: John Griffin IV

Father's Birthplace: Kent Co

Mother's Maiden Name: Lucy Brown

Mother's Birthplace: Kent Co

Name of person giving information: Edward Mathews

How related to deceased: no relation

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Accident

How long

Immediate: Drowned

How long: four hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W C McLorinan Coroner

Address: undertaker

Queenstown Md

Accident or Suicide?

LIBRARY BUREAU A6J316

Name in Full: Rebecca Hammond

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Centreville; County: Queen Anne's

Date of death 1904: Month: June; Day: 30; Years: 55; Months: 8; Days:

Sex: Female; Color or Race: White; Birthplace: Caroline Co

Married, Single or Widowed: Married; Occupation: Housework.

Name of Wife or Husband: John R. Hammond

Father's Name: Wm. Bishop; Father's Birthplace: Carolin Co

Mother's Maiden Name: Mary Anthony; Mother's Birthplace: " "

Name of person giving Information: John Bishop; How related to deceased: Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cancer of the Stomach; How long: 8 months

Immediate: General Exhaustion; How long: 2 or 3 weeks

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jas. Bordley M.D.

Address: Centreville Md.

Accident or Suicide?

LIBRARY BUREAU A55516

Name in Full: George Edward Harrison

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Crumpton — County: Queen Anne

Date of death 1904 — Month: June — Day: 30th — Age: Years 72. Months 9 — Days 2

Sex: Male — Color or Race: White — Birthplace: Queen Anne Co Maryland

Married, Single or Widowed: married — Occupation: Farming Industry.

Name of Wife or Husband: Henrietta P. Harrison

Father's Name: Henry Harrison — Father's Birthplace: Centreville Md

Mother's Maiden Name: Rachel Woodall — Mother's Birthplace: Ingleside Md

Name of person giving Information: Geo I Harrison — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Uremia — How long: Two Months

Immediate: Gastritis — How long: 3 weeks

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Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address: F. N. Sheppard M.D. Crumpton Md

Accident or Suicide? ?

LIBRARY BUREAU A88918

Name in Full: Asa L. Hynson

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Church Hill County: Q. A. Co.

Date of death 1904: Month: June Day: 21 Age: Years: 2 Months: 5 Days: 1

Sex: Male Color or Race: Black Birthplace: Church Hill

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single Name of Wife or Husband: —

Father's Name: N. Lethington Hynson Father's Birthplace: Q. A. Co. Md.

Mother's Maiden Name: Mary Hynson Mother's Birthplace: Q. A. Co. Md.

Name of person giving Information: Washington Hynson How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Uremic Convulsions How long: 2 days

Immediate: Exhaustion How long: 3 hours.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. G. Coppage

Address: Church Hill, Md.

~~Accident~~ or ~~Suicide~~?

LIBRARY BUREAU A69316

Name in Full: None

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: near Bryantown — County: Queen Anne

Date of death: 1904 — Month: June — Day: 5th

Age: Years: Still born — Months — Days

Sex: Female — Color or Race: White — Birthplace: near Bryantown

Occupation — Where Residing if not at place of death: place of death

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: Robert Joyce — Father's Birthplace: Balto. City.

Mother's Maiden Name: Anne Mary Higdon — Mother's Birthplace: Balto. Co.

Name of person giving information: E. J. Higdon — How related to deceased: Grandfather

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still born — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. Adams M.D.

Address: Queenstown, Md.

Here was no Undertaker. I ordered the parents to bury J. M. Ker.

S. [illegible] Registration District

Name in Full: Araanda Kenedy

CERTIFICATE OF DEATH

MARYLAND

Died at: near Church Hill | Town | Queen Annes | County

Date of death: 1904 | Month: June | Day: 12 | Age: Years 19 | Months 3 | Days 5

Sex: Female | Color or Race: Black | Birthplace: Carolina S Ind

Occupation: Housework | Where Residing if not at place of death: —

Married, Single or Widowed: Single | Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Philop Kenedy | Father's Birthplace: Ind

Mother's Maiden Name: Rachel Banks | Mother's Birthplace: Ind "

Name of person giving Imformation: Charles Kenedy | How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis | How long: 2 yrs.

Immediate: Phthisis | How long: 1

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. G. Coppage

Address: Church Hill Md

Accident or Suicide: —

LIBRARY BUREAU A86616

Reborn

Carolina Co

Transfer

Name in Full: Dewey Fairmont

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Nera Bridgetown; County: Queen Anne

Date of death 1904: Month: June; Day: 7

Age: Years: 6; Months: 2; Days: 12

Sex: Male; Color or Race: White; Birthplace: Bridgetown

Married, Single or Widowed:

Occupation:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Jos Faramore; Father's Birthplace: Delaware

Mother's Maiden Name: Tilly Thomas; Mother's Birthplace: Delaware

Name of person giving information: J K Passwater; How related to deceased: None

CAUSES OF DEATH

Primary: Diftheria; How long: 8 day

Immediate: Membranous Croup; How long: 14 hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Walter H. Fenby

Address: Ruthsburg, Md.

Accident or Suicide?

LIBRARY BUREAU A69519

Name in Full: Mrs Sarah A. Marvel

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hords Store; County: Queen Anne

Date of death: Month: June; Day: 22; 1904; Age: Years: 58; Months; Days

Sex: Female; Color or Race: Caucasian; Birthplace: Talbot Co

Occupation: Housewife; Where Residing if not at place of death:

Married, Single or Widowed: Widow; Name of Wife or Husband: Geo. W. Marvel

Father's Name; Father's Birthplace

Mother's Maiden Name; Mother's Birthplace

Name of person giving Information: Frank Warner; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Fatty Heart; How long: Several years

Immediate: Overexertion; How long: Few minutes

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Howard R. Hopkins.

Address: Queenstown, Md.

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: William H. Meredith

CERTIFICATE OF DEATH

MARYLAND

Died at: near Town: Burrsville — County: Queenanne

Date of death: Month: June — Day: 9 — Year: 1904 — Age: Years: 83 — Months: — Days: —

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: None — Where Residing if not at place of death: near Burrsville

Married, ~~Single or Widowed~~ — Name of Wife or Husband: Henrietta Meredith

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving Imformation: Henrietta Meredith — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: general Debility — How long: 1 year

Immediate: Paralysis — How long: 10 minutes

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Jos. G. Dawson

Address: Centreville Md

~~Accident or Suicide?~~

F. D.

LIBRARY BUREAU A8881G

Name in Full — Certificate of Death

Samuel G Potts

Died at — Town: Near Millington — County: Queen Annes — MARYLAND

Date 1894 — Month: June — Day: 19 — Age: Y. 21 M. D. — Native of: [illegible] — Occupation:

Male ~~Female~~ — ~~White~~ Colored — ~~Married~~ Single — ~~Widow~~ ~~Widower~~ — ~~Divorced~~ — ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name: Samuel Potts — Mother's Name: Alice Potts

Cause of Death — Primary: 179 — How long sick: 2 days

Immediate — Accident, Suicide, Homicide

Reported by [illegible]

Address [illegible] Millington Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr. Mo Cr

of

~~Seen by Coroner~~

of J. Le Smith Undertaker

Information contained in this certificate received from Nurse

of

Name in Full: Miss Daisy Agnes Richardson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hape — County: Queen Annes

TO BE ANSWERED BY NEAREST FRIEND

Date of death	Month	Day	Age	Months	Days
1904	6	19	18	4	16

Sex: Female — Color or Race: White — Birthplace: Queen Annes Co

Occupation: School — Where Residing if not at place of death: Place of death

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Joseph H. Richardson — Father's Birthplace: Queen Annes Co

Mother's Maiden Name: Florence McCloud — Mother's Birthplace: Baltimore Md

Name of person giving information: Joseph H Richardson — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tonsilitis Disease — How long: 1 yr

Immediate: Toxaemia — How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J M Workman MD

Address: Centreville Queen Annes Co

Accident or Suicide? no

LIBRARY BUREAU A88618

Name in Full: not named.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Roberts; County: Queen Annes

Date of death: 1904 June 23

Age: Years — Months 2 Days 8

Sex: Male

Color or Race: Black.

Birthplace: Caroline Co.

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: Million Rochester

Father's Birthplace: Roberts

Mother's Maiden Name: Mamie Brown

Mother's Birthplace: Inglesides

Name of person giving information: S. E. Norris

How related to deceased: none

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum

How long: 3 days

Immediate: asthenia

How long: 3 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: M. G. Culpepper

Address: Church Hill

No Physician in attendance.

Accident or Suicide?

LIBRARY BUREAU A68816

Name in Full: William Asbury Rochester

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Englesde — County: A. A.

Date of death: Month: June — Day: 27 — Year: 1904

Age: Years: — Months: 10 — Days:

Sex: Male — Color or Race: Black — Birthplace: Md.

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Chas L. Rochester — Father's Birthplace: Md

Mother's Maiden Name: Ella Lofson — Mother's Birthplace: Md

Name of person giving Information: Father — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hooping Cough — How long: Three mo

Immediate: Congestion of Brain — How long: I only saw it 3 Days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jas. F. Graham

Address: Englesside Md

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Infant Child

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Centreville County: Q.A.

Date of death: 1904 Month: 6 Day: 15

Age: Years: — Months: — Days: 2

Sex: Male Color or Race: White Birthplace: Centreville Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Henry Skinner Father's Birthplace: Q.A. Co.

Mother's Maiden Name: Emma A Hynson Mother's Birthplace: Q.A. Co

Name of person giving Information: Henry Skinner How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

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Primary: Imperfect & Deformed How long

Immediate: Condition of mother. How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. W. Collins Undertaker

Address: Centreville Md

Accident or Suicide?

LIBRARY BUREAU A86516

Name in Full: Linday Teat

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Ruthsburg — County: Queen Anne

Date of death 1904 — Month: June — Day: 20

Age — Years: 14 — Months: 3 — Days: 24

Sex: Female

Color or Race: Colored

Birthplace: Ruthsburg, Md

Married, Single or Widowed: Single

Occupation: House girl

Name of Wife or Husband:

Father's Name: George Teat

Father's Birthplace: Engleside, Md.

Mother's Maiden Name: Zenie Gross

Mother's Birthplace: Bridge

Name of person giving Information: Gale Teat

How related to deceased: Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Consumption

How long: 10 months

Immediate: Exaustion

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Walter H. Tenby

Address: Ruthsburg Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88518

Name in Full: Francis Adolphus Wallace

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Greenstown; County: Queen Anne

Date of death: Month: June; Day: 21; Year: 1904; Age: Years: 74; Months: 3; Days: 3

Sex: Male; Color or Race: Caucasian; Birthplace: Maryland

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: Married; Name of Wife or Husband: Emily Wallace

Father's Name: Francis Rudolph; Father's Birthplace: Maryland

Mother's Maiden Name: Emily Thomas; Mother's Birthplace: Maryland

Name of person giving Imformation: Harry Wallace; How related to deceased: Son

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cerebral Hemorrhage; How long: Two Days.

Immediate: Coma; How long: Two days.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Howard R. Hopkins

Address: Greenstown. Md.

Accident or Suicide?

LIBRARY BUREAU A89516

Name in Full: Samuel W Wales

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Price Sta — County: Ala Co

Date of death 1 90: Month: June — Day: 10 — Age: Years: 50 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Merchant — Where Residing if not at place of death: Price Sta

Married, Single or Widowed: Married — Name of Wife or Husband: Mollie Shaw

Father's Name: Samuel Wales — Father's Birthplace: Md

Mother's Maiden Name: Margrett Wales — Mother's Birthplace: Md

Name of person giving Information: Mr S W Shaw — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: did not attend, saw only after death — How long: said to be only a few minutes

Immediate: Reasonably concluded that there was normally intervals, of an important nature — How long: said to be from 5 to 5 minutes

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J H D G Meadow

Address: Churchville, Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: none

CERTIFICATE OF DEATH

MARYLAND

Died at: Queenstown — Town — County: Queen Anne

Date of death: 1904 June 4th — Month — Day

Age: Still Born — Years — Months — Days

Sex: male

Color or Race: Colored

Birthplace: Queenstown, Md.

Occupation: —

Where Residing if not at place of death: place of death

Married, Single or Widowed: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Frank Whitico

Father's Birthplace: Queen Anne Co

Mother's Maiden Name: Anne Amelia Poke

Mother's Birthplace: Queen Anne Co.

Name of person giving Information: ~~Father~~ Frank Whitico

How related to deceased: Father

CAUSES OF DEATH

Primary: Still Born

How long

Immediate

How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. Adams M.D.

Address: Queenstown Md.

Accident or Suicide?

LIBRARY BUREAU A88618

I issued no certificate - because no Undertaker was used - I ordered the Father to bury it

J. M. Aker.
Sub. Registrar.